

# ATTACHMENT 4

## Modifier conversion chart for nurse midwife services

The following table lists the nationally recognized modifiers that nurse midwives will be required to use in lieu of local modifiers when submitting claims after Wisconsin Medicaid's implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of HIPAA.

| Before HIPAA implementation  | After HIPAA implementation   |
|--|--|
| Local modifier or diagnosis code and description                                       | National modifier and description  |
| No modifier exists   | <b>TH*</b><br>Obstetrical treatment/services, prenatal                           |
| <b>PD</b><br>Pediatric recipient (less than age 19)                                    | <b>TJ</b><br>Program group, child and/or adolescent                              |
| <b>HP</b><br>Health Professional Shortage Area (HPSA)/<br>Adult (over 18 years of age) | <i>Choose one:</i><br><b>QB**</b><br>Physician providing service in a rural HPSA |
| <b>HK</b><br>HPSA/Child (18 years of age and under)                                    | <b>QU**</b><br>Physician providing service in an urban HPSA                      |

\*Providers are required to use modifier "TH" with procedure codes 99204 and 99213 only when those codes are used to indicate the first three antepartum care visits. Providers are required to use both modifiers "TH" and the appropriate HPSA modifier when these prenatal services are HPSA eligible.

\*\*Wisconsin Medicaid reimburses providers the same enhanced reimbursement for either HPSA modifier. Providers may use Medicare guidelines to define rural and urban HPSAs.